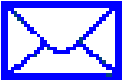


RHODE ISLAND DEPARTMENT OF HUMAN SERVICES

Child Care Assistance Program (CCAP)



# Child Care Assistance Application



This envelope means that you must send us proof for the question you are currently answering. Read the box beside the envelope to see what you must send.

If you need help completing this form, call 401-462-5300. When filling out this application, you may use the "Worksheet" sections located on page 12 of 13 for additional space.

1.

APPLICANT NAME (Head of Household)			Social Security Number		
Last	First	Initial			
PHONE NUMBER WHERE YOU CAN BE REACHED BETWEEN 8:30am - 4:00pm		<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Single			
ADDRESS	Number	Street	City/Town	State	Zip Code
MAILING ADDRESS (if different)					



Please include proof of your residence in the form of a rent receipt, lease, utility bill, mortgage bill, or other shelter expense documentation.

2. Do you or any adult in your household speak English?

☐ Yes

☐ No

If no, what language(s) is spoken in your home? \_\_\_\_\_

3. Did you move to Rhode Island within the last three (3) months? ☐ Yes ☐ No

If YES, Date: \_\_\_\_\_ From where? \_\_\_\_\_

DHS will schedule an interpreter or bilingual staff member to help you read English language notices, letters or other written information from DHS. If you have problems obtaining interpreter or bilingual staff services at a DHS office, please contact the Limited English Proficiency Coordinator at (401) 462-2130 (for deaf/hearing impaired dial 711).

**OFFICE USE ONLY**

Date Received

**4. YOUR HOUSEHOLD:** List every person who lives in your home now, whether you are asking for child care for that person, or not.

NAME			RELATIONSHIP TO YOU	SEX	DATE OF BIRTH	SOCIAL SECURITY NUMBER (if you have one)	REQUESTING CHILD CARE?	IS THIS CHILD IN KINDER-GARTEN?	CITIZENSHIP STATUS	RACE* (see below) optional	Is this person's Ethnicity Latino/Hispanic? (optional)
Last	First	Initial	<b>SELF/</b> Head of Household	<input type="checkbox"/> Female <input type="checkbox"/> Male					U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> I	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Female <input type="checkbox"/> Male			<input type="checkbox"/> Yes -----> <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> I	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Female <input type="checkbox"/> Male			<input type="checkbox"/> Yes -----> <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> I	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Female <input type="checkbox"/> Male			<input type="checkbox"/> Yes -----> <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> I	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Female <input type="checkbox"/> Male			<input type="checkbox"/> Yes -----> <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> I	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Female <input type="checkbox"/> Male			<input type="checkbox"/> Yes -----> <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> I	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Female <input type="checkbox"/> Male			<input type="checkbox"/> Yes -----> <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> I	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Female <input type="checkbox"/> Male			<input type="checkbox"/> Yes -----> <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> I	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Female <input type="checkbox"/> Male			<input type="checkbox"/> Yes -----> <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> I	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Female <input type="checkbox"/> Male			<input type="checkbox"/> Yes -----> <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> I	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Female <input type="checkbox"/> Male			<input type="checkbox"/> Yes -----> <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> I	<input type="checkbox"/> Yes <input type="checkbox"/> No



Please provide copies of birth certificates or proof of USCIS Immigration status for all children for whom you are requesting child care assistance. If any child for whom you are requesting child care does not have a social security number, you must apply for one at the Social Security Office and provide us with verification that you have applied. If you have already verified this information because you receive RIW, SNAP, or Medical Assistance through DHS, you do not need to provide documentation of this information again.

**\* Race**

Please place a check mark in the blocks above. You may check off more than one box for each person.

W = White  
B = Black or African American  
A = Asian  
N = Native Hawaiian or Other Pacific Islander  
I = American Indian or Alaskan Native

**5. IMMIGRATION STATUS:** Please write the name and immigration status for each child applying for Child Care who is not a US citizen.

Last Name	First	Initial	IMMIGRATION STATUS

#### IMMIGRATION STATUS

- |                                       |  |
|---------------------------------------|--|
| 1. Legal permanent resident           | 5. Granted conditional entry               |
| 2. Admitted as refugee                | 6. Paroled into the US for at least 1 year |
| 3. Granted asylum                     | 7. Cuban/Haitian entrant                   |
| 4. Granted withholding of deportation | 8. Undocumented                            |



If the child's immigration status is # 1-7 (above) proof of immigration status is required.

**6. ABSENT PARENT(s):** Are there child(ren) in the household who do not have both parents (natural or adoptive) living with them? ☐ Yes ☐ No

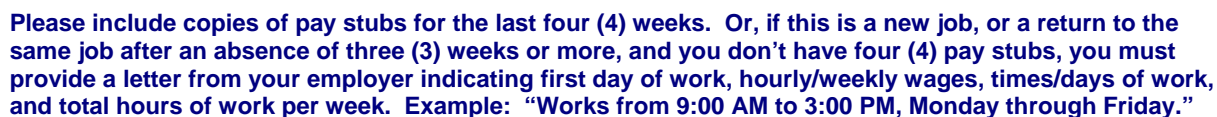
List as Absent Parent present or former husband for children born during that marriage, or within 10 months of a final decree of divorce from that husband. If divorce decree of court order excludes your husband or former husband as father of any of the child(ren) listed in the application, you need to list the biological father of the child(ren) and provide copies of the decree or order with this application. If there is more than one absent parent, or if you have more than three children with this absent parent, please copy the chart below, and attach on a separate page with the other absent parent's/parents' information.

Absent Parent's Last Name Initial		First Name Initial		Middle Initial		Sex <input type="checkbox"/> M <input type="checkbox"/> F		Absent Parent's Social Security No. ____/____/____		Absent Parent's Birth Date ____/____/____	
Absent Parent's Current, or Last Known, Address								Absent Parent's Telephone Number			
Is this parent deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of death: ____/____/____		Employer Name and Address						Is this absent parent disabled and/or a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were the parents of the child(ren) married to each other? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, date married ____/____/____		Are the parents of the child(ren) currently married to each other? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, date divorced ____/____/____			
Child(ren) of the absent parent living in this household.		Child's Last Name Initial		First Initial		Middle Initial		State of Birth		Is child support, health coverage, or paternity court ordered? (If yes, list date of court order.)	
1.										<input type="checkbox"/> Yes <input type="checkbox"/> No Support <input type="checkbox"/> Date ____/____/____ Health Cov <input type="checkbox"/> Date ____/____/____ Paternity <input type="checkbox"/> Date ____/____/____	
2.										<input type="checkbox"/> Yes <input type="checkbox"/> No Support <input type="checkbox"/> Date ____/____/____ Health Cov <input type="checkbox"/> Date ____/____/____ Paternity <input type="checkbox"/> Date ____/____/____	
3.										<input type="checkbox"/> Yes <input type="checkbox"/> No Support <input type="checkbox"/> Date ____/____/____ Health Cov <input type="checkbox"/> Date ____/____/____ Paternity <input type="checkbox"/> Date ____/____/____	
Do you have reason to fear this Absent Parent will cause harm to either you or your child(ren)?										<input type="checkbox"/> Yes <input type="checkbox"/> No	
At this time, do you want your Social Caseworker to make a referral for you, to the Domestic Violence Advocate?										<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever filed a Police Report about any incident with this Absent Parent, or requested a Restraining Order?										<input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, provide a copy of the Restraining Order to your Social Caseworker, or call 415-8200 and ask for a Child Care Social Worker. If you answered "Yes" to any of these questions, fill out the AP-35-CCAP included with the cover pages for this packet, and return with this application.											

**If yes, fill in the boxes below about the job. Please use a new page for a second job, or second parent with job.**

[illegible]

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[illegible]

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If the second parent in your household or your spouse is also employed, or if you have a second job, use this new page for additional job information.

Last Name	First	Initial	<b>HOW OFTEN PAID?</b> <input type="checkbox"/> weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> other: _____	<b>DAY PAID:</b> (circle one) Irreg S M T W Th F Sa
EMPLOYER NAME AND ADDRESS:			<b>EMPLOYER PHONE:</b>  <b>DATE HIRED/REHIRED:</b>	<b>JOB TITLE:</b>

FROM YOUR PAY STUBS FOR THE LAST FOUR WEEKS, FILL IN THE BOXES BELOW:

PAY STUB #	DATE PAID	REGULAR HOURS	OVERTIME HOURS	GROSS WAGES BEFORE TAXES	TIPS/ COMMISSION	OTHER
1				\$	\$	\$
2				\$	\$	\$
3				\$	\$	\$
4				\$	\$	\$



Please include copies of pay stubs for the last four (4) weeks. Or, if this is a new job, or a return to the same job after an absence of three (3) weeks or more, and you don't have four (4) pay stubs, you must provide a letter from your employer indicating first day of work, hourly/weekly wages, times/days of work, and total hours of work per week. Example: "Works from 9:00 AM to 3:00 PM, Monday through Friday."

	Hours of Work Activity		Check Off the Statements that Apply to Your Job <input type="checkbox"/> If new job, date job will begin ____ / ____ / ____ <input type="checkbox"/> This income will stop on (date) ____ / ____ / ____ <input type="checkbox"/> I work the same days of the week every week. <input type="checkbox"/> I generally work the same number of hours each week. <input type="checkbox"/> My work days change each: week / month (circle one) <input type="checkbox"/> I rotate shifts each: week / month / other _____ (circle one) <input type="checkbox"/> I work overtime: occasionally / whenever offered / other _____ (circle one) <input type="checkbox"/> I rely on public transportation to get to work. <input type="checkbox"/> This job is seasonal and my hours will drop below 20/week. <input type="checkbox"/> My job is during the school year with summers off. <input type="checkbox"/> I am returning to the same job after an absence of three (3) weeks or more, and will return on (date) ____ / ____ / ____
Work Schedule	Start Time	End Time	
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

**8. SELF-EMPLOYMENT INCOME: Do you or anyone in your household have income from a self-owned business?** ☐ Yes ☐ No

Please tell us about any income from providing child care in Question 9.

Type of Income	Gross Income	How Often	Expenses	Will this income continue?	Name of person who gets this money
SELF EMPLOYMENT Type of Work? _____	\$		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

Please complete the following information about the days and hours spent working at a self-owned business.

Day	Start Time	End Time	Start Time	End Time	Start Time	End Time
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

Please list all of your business income and business expenses:

Type of Income	Amount of Income	How Often*	Type of Expense	Amount of Expense	How Often*
1.			\$		
2.			\$		
3.			\$		
4.			\$		
5.			\$		
6.			\$		
7.			\$		

\* How often (weekly, biweekly, bi-monthly, monthly, quarterly, etc.)?

- All expenses must be documented with receipts or other verification.
- Allowable business expenses are those which are essential to producing or providing goods and services.
- Expenses may include, labor, material, supplies, taxes, overhead expenses, travel expenses, interest on loans to purchase equipment and other income-producing property.
- When a business is carried on at home, no part of the overhead is considered a business expense.
- Items such as depreciation, personal business and entertainment expenses, personal transportation, personal income taxes or retirement plans, charitable contributions, purchases of capital equipment, and payments on the principal of loans for capital assets or durable goods are not considered business expenses.



For each type of income listed above, include proof of gross income earned and related expenses, if any. If your business is incorporated, that should be indicated on your documentation. We will also accept a copy of your latest Federal Income Tax forms, which include the Profit and Loss Statement, or a Profit and Loss Statement from your accountant for the last three (3) months if your Federal Income Tax forms are over three (3) months old.

- 9. CHILD CARE INCOME: Do you or anyone in your household have income from providing child care for other children?** ☐ **Yes** ☐ **No** If you are a self-employed child care provider, no payment will be authorized for care given your child(ren) during the hours you are working as a provider, yourself.

Type of Income	Gross Income	How Often	Expenses	Will this income continue?	Name of person who gets this money
CHILD CARE INCOME How many children? _____	\$		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

Please complete the following information about the days and hours spent working for this income.

Day	Start Time	End Time	Start Time	End Time
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Please list all of your business expenses:

Type of Expense:	Amount of Expense:	How Often*
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
6.	\$	
7.	\$	

\* How often (weekly, biweekly, bi-monthly, monthly, quarterly, etc.)?

- All expenses must be documented with receipts or other verification.
- Allowable business expenses include household items, wear and tear on household furnishings, the increased cost of utilities, special equipment furnished by the provider for the express use of children in child care, etc.
- When a business is carried on at home, no part of the overhead is considered a business expense.
- A standard deduction of \$32/week per child is permitted as deductible child care business expenses. Providers may deduct this weekly amount for every enrolled child with verified payments for child care services. No receipts or other verification is needed when taking the standard deduction. Providers may not take a deduction for their own children.
- For providers who can document expenses in excess of the standard deduction of \$32/week per child, actual allowable expenses will be considered. The provider choosing to itemize actual expenses is required to provide an itemized list of allowable expenses for the most recent one-month period of care and receipts for each allowable expense on the list.



For each type of income listed above, include proof of gross income earned and related expenses, if any.

**10. UNEARNED INCOME:** Do you or any member of your household have any other income? ☐ Yes ☐ No

List all other income below. These are a few examples of types of income. Use the 'Other' category for types of income not listed. 'Other' may include Adoption Subsidy, Gifts/Prizes/Inheritance/Lottery, Retirement Benefits, Trust Funds, VA benefits, etc.

TYPE OF INCOME	AMOUNT	HOW OFTEN	WILL THIS INCOME CONTINUE?	NAME OF PERSON WHO RECEIVES THIS MONEY
UNEMPLOYMENT BENEFITS	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
TEMPORARY DISABILITY (TDI)	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
CHILD SUPPORT	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
ALIMONY	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
WORKERS' COMPENSATION	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
VETERANS BENEFITS	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
SSI	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
RSDI	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
ALIEN SPONSORSHIP	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Name and Address of Sponsor:</b>
INTEREST/DIVIDENDS	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
OTHER: _____	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
OTHER: _____	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
OTHER: _____	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	



Please send a copy of proof of income you receive (for example, check or award letter).



**11. RESOURCES: Do you, your spouse, or any other person in your household, own any resource such as those listed below?** ☐ Yes ☐ No

Liquid resources are defined as any interest(s) in property in the form of cash or other financial instruments or accounts, which are readily convertible to cash or cash equivalents. These include, but are not limited to: cash, bank, credit union or other financial institution savings, checking and money market accounts, certificates of deposit or other time deposits, stocks, bonds, mutual funds, and other similar financial instruments or accounts.

These do not include educational savings accounts, plans, or programs; retirement accounts, plans, or programs; or accounts held jointly with another adult, not including a spouse, living outside the same household but only to the extent the applicant/recipient family documents the funds are from sources owned by the other adult living outside the household, plus the proportionate share of any interest, dividend, or capital gains thereon.

If more than one line is needed for one of the categories below, please use the spaces marked 'Other,' for those additional accounts. If needed, please copy the chart below and attach on a separate page.

TYPE OF RESOURCE	AMOUNT/VALUE	ACCOUNT NUMBER	NAME & ADDRESS OF FINANCIAL INSTITUTION	NAME OF PERSON WHO OWNS THIS RESOURCE
CASH	\$			
BANK or CREDIT UNION ACCOUNTS	\$	_____ <input type="checkbox"/> Savings <input type="checkbox"/> Check		
BANK or CREDIT UNION ACCOUNTS	\$	_____ <input type="checkbox"/> Savings <input type="checkbox"/> Check		
BANK or CREDIT UNION ACCOUNTS	\$	_____ <input type="checkbox"/> Savings <input type="checkbox"/> Check		
MONEY MARKET ACCT or CERTIFICATE of DEPOSIT	\$	_____ <input type="checkbox"/> MMkt <input type="checkbox"/> CDep		
STOCKS/BONDS	\$			
MUTUAL FUNDS	\$			
OTHER	\$			
OTHER	\$			



For each resource listed above, include proof of value of that resource in the form of bank statements, etc. If you have questions about how to verify your resource(s), please call your Child Care Social Worker at 415-8200.

12. RENTAL INCOME: Do you or anyone in your household have income from rental property? ☐ Yes ☐ No

Type of Income	Gross Income	How Often	Expenses	Will this income continue?	Name of person who gets this money
RENTAL INCOME How many units? _____	\$		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	



For each type of income listed above, include proof of gross income earned and related expenses, if any.

13. ROOM/BOARD INCOME: Do you or anyone in your household have income from providing a room and/or board in your home? ☐ Yes ☐ No

Type of Income	Gross Income	How Often	Expenses	Will this income continue?	Name of person who gets this money
ROOMER/BOARDER How many meals per day? __ Room only? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	



For each type of income listed above, include proof of gross income earned and related expenses, if any.

14. DISABILITY OF PARENT: Does the parent who is not working have a disability that makes him/her unable to care for the child(ren)? ☐ Yes ☐ No

If yes, complete the boxes about each person.

Last Name	First	Initial	Medical Problem (describe)
Last Name	First	Initial	Medical Problem (describe)



Verification of this medical condition will be required. DHS will provide you with a form that needs to be completed and signed by a family doctor and returned to the office.

15. DISABILITY OF CHILD: Are you requesting child care for a child with a disability? ☐ Yes ☐ No

If yes, complete the boxes about each child.

Last Name	First	Initial	Medical Problem (describe)
Last Name	First	Initial	Medical Problem (describe)



Verification of this medical condition will be required. DHS will provide you with a form that needs to be completed and signed by a family doctor and returned to the office.

**16. YOUTH SERVICES/HOME VISITING PROGRAM:** Are you under 20, and do not have a high school diploma? If so, are you participating in a Youth Home Visiting Program? ☐ Yes ☐ No

If Yes, which program? \_\_\_\_\_



Please include a letter from your program that indicates that you are currently active.

**17. REQUESTING HOURS FOR CHILD CARE:**

Please fill out the table below indicating when you need child care services. If both parents are involved in activity(s), you should request care for those hours that neither parent is available to care for your child(ren). Then, please answer the questions at the bottom so that we have a better understanding of your child care need.

Enter hours per day for each child needing care (In-School hours are not allowable as Hours in Care)	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	From: To:	From: To:	From: To:	From: To:	From: To:	From: To:	From: To:
Child's Name: _____							
Child's Name: _____							
Child's Name: _____							
Child's Name: _____							

Will the hours that you requested above change on a regular basis due to the changing or variable hours of your activity schedule ?

☐ Yes ☐ No

If yes, what is the approximate number of hours that you participate in your activity per week? \_\_\_\_\_

How long is your commute from your child care provider to your activity? \_\_\_\_\_

Do you need before school care (before 9:00 am) for any of your school age children?

☐ Yes ☐ No

Will the hours requested above require the use of more than one provider?  
(for example, a different provider on the weekend or at nights)

☐ Yes ☐ No

**NON-DISCRIMINATION NOTICE**

In accordance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), and Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.); the Food Stamp Act; the Age Discrimination Act of 1975; the U.S. Department of Health and Human Services implementing regulations (45 C.F.R. Parts 80 and 84), and the U.S. Department of Education implementing regulations (34 C.F.R. Parts 104 and 106); and the U.S. Department of Agriculture, Food and Nutrition Services (7 C.F.R. 272.6), the Rhode Island Department of Human Services (DHS) does not discriminate on the basis of race, color, national origin (Limited English Proficiency persons), age, disability, religion, political beliefs, or gender in acceptance for or provision of services, employment or treatment in its educational and other programs and activities. Under other provisions of applicable law, DHS does not discriminate on the basis of sexual orientation, gender identity or expression.

For further information about these laws, regulations and DHS's discrimination complaint procedures for resolution of complaints of discrimination, contact DHS at 57 Howard Avenue, Cranston, RI 02920, telephone number 462-2130 (for deaf/hearing impaired dial 711). The Community Relations Liaison Officer is the coordinator for implementation of Title VI; and the Office of Rehabilitative Services (ORS) Administrator or his/her designee is the coordinator for implementation of the Title IX, Section 504, and ADA. The Director of DHS or his/her designee has the overall responsibility for DHS's civil rights compliance.

**ADDITIONAL INFORMATION**  
**WORKSHEET**

Please use this worksheet to include any additional members and/or information. To ensure processing accuracy, write the question number and the application page number your answer pertains to in the space provided.

Name: \_\_\_\_\_ Last 4 Digits of your Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

<b>Question No.</b>	<b>Application Page No.</b>
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<b>Question No.</b>	<b>Application Page No.</b>
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<b>Question No.</b>	<b>Application Page No.</b>
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<b>Question No.</b>	<b>Application Page No.</b>
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<b>Question No.</b>	<b>Application Page No.</b>
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# RIGHTS AND RESPONSIBILITIES Of Applicants/Recipients of Child Care Assistance Program

## RIGHTS

You have a RIGHT to request, and if found eligible, to receive Child Care Assistance based on policies and standards established under State laws.

You have a right to be provided information in a format you can understand, and to be treated with courtesy, consideration and respect.

You have a RIGHT to appeal and to receive a prompt Hearing before a DHS Appeals Officer if you are dissatisfied with any Department decision, or if the Department delays in making a decision. You may be represented by a lawyer or any other person you select to appear on your behalf. Hearing forms, on which you may file your complaint, are available in every local and state office. You must request a hearing within thirty (30) days from the date you receive a written notice for Child Care Assistance.

You have a RIGHT to refuse to provide information on your racial/ethnic heritage.

You have a RIGHT to confidentiality. The Department uses information about you and other members of your household only for purposes directly related to the administration of the programs and in compliance of the Health Insurance Portability and Accountability Act (HIPAA) Standards for Privacy of Individually Identifiable Health Information. The Department does not release information about you or other members of your household without your consent except as provided in Rhode Island General Laws 40-6-12 and 40-6-12.1, and regulations set forth in the DHS and Child Care Assistance Policy Manuals. Any person found guilty of violating the provisions of Rhode Island General Laws 40-6-12 shall be deemed guilty of a misdemeanor. Violators are subject to a maximum fine of two hundred dollars (\$200), or imprisonment of up to six (6) months, or both.

## RESPONSIBILITIES

You have a RESPONSIBILITY to supply the Department with accurate information about your income, resources and living arrangements.

You have a RESPONSIBILITY to tell us immediately (within ten (10) days) of any changes in your income, resources, family composition, or any other changes that affect your household.

You have a RESPONSIBILITY to provide Social Security numbers for yourself and your household, or to apply, if you are required to, for them as a condition of eligibility. Your Social Security number, as well as the Social Security numbers of all members of your household for whom you receive assistance, will be used in computer matching with the Department of Labor and Training, the Social Security Administration, the Internal Revenue Service, the Food and Nutrition Services, and other governmental and non-governmental entities authorized by law, regulation or contract, and they will be subject to verification by Federal, State, and local officials. The income and eligibility information obtained from these agencies will be used to make sure your household is eligible for and receiving the correct amount of Child Care Assistance. Social Security numbers are also used to prevent a person or family from receiving duplicate benefits under any program, to make mass changes in federal benefits easier to implement,

and to determine the accuracy and reliability of information given to the Department by applicants for and recipients of assistance.

You have a RESPONSIBILITY to cooperate fully with State and Federal personnel conducting quality control reviews.

You have a RESPONSIBILITY to consent to and cooperate with the Department in establishing paternity, and in establishing and/or enforcing child support and medical support orders for all children in the family, pursuant to Rhode Island General Law, Section 40-5.1-17, and in accordance with Title 15 of the General Laws, as amended, unless found to have good cause for refusing to comply with the requirements of this law. Failure to cooperate with the Office of Child Support Services regarding any child in your family will result in denial or closure of Child Care Assistance for all children in your family.

I understand that pursuant to Rhode Island General Law, Sections 40-6-9, 40-6-10, or 40-8-15, without the necessity of signing any document:

I understand and agree that the DHS office may contact other persons or organizations to obtain the necessary proof of my eligibility and level of benefits.

I understand that this application will serve as authorization to the Department of Human Services to obtain from medical providers information that is pertinent to me or any person included in this application for as long as the case remains open. DHS has my consent to use or disclose protected health information for the purposes of treatment, payment and health care operations in accordance with DHS notice of privacy practices.

DHS can use or share information on this application for the administration of DHS programs, as well as the administration of other federally funded assistance programs in accordance with state and federal law, contract and regulation.

DHS can release non-identifying information for research purposes. Any release of identifying information shall be done in accordance with state and federal law.

I understand the questions on this application and the penalty for hiding or giving false information or breaking any of the rules listed in this Penalty Warning.

### **PENALTIES FOR PERJURY:**

I certify under penalty of perjury that my answers are correct, including information about citizenship and alien status, and complete to the best of my knowledge and belief. I know that under the state of Rhode Island General Laws, Section 40-6-15, a maximum fine of \$1,000, or imprisonment of up to five (5) years, or both, may be imposed for a person who obtains or attempts to obtain, or aids or abets any person to obtain, public assistance to which s/he is not entitled, or who willfully fails to report income, resources or personal circumstances or increases therein which exceed the amount previously reported.

**I CERTIFY, under penalty of perjury, that all of the information contained in this application is true.**

Signature of Applicant or Recipient	Date	Signature of Guardian, Conservator or Holder of Power of Attorney	Date
Signature of Spouse or other parent of child(ren)	Date	Signature of Agency Representative	Date



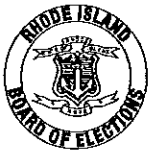
## **Notice to Applicant Registering to Vote in Rhode Island**

The State Board of elections urges all of its citizens to register to vote. Your vote will benefit you and your family.

Included in this packet of forms is a voter registration form. If you would to register to vote, complete and sign the form and mail it to your local Board of Canvassers. (directory listed on the back of the form)

### **Register to vote**

- If you are not registered to vote where you live today, complete the enclosed form.
- Applying to register or declining to register to vote will not affect the amount of assistance provided by this agency.
- If you would like help in completing the voter registration application form, you can bring it with you when you return the other completed forms in this package, or go to the local Board of Canvassers in the city/town where you live. (City/Town directory is on the back of the voter registration form.) The decision whether to seek or accept help is yours.
- If you believe that someone has interfered with your right to register or decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Voter Registration Coordinator, 50 Branch Avenue, Providence, RI 02904 or (401)222-2345.



## RHODE ISLAND

# VOTER REGISTRATION FORM

Please print clearly in ink. All information is required unless marked optional.

### YOU MAY USE THIS FORM TO:

- Register to vote in Rhode Island.
- Change your name and/or address on your registration.
- Choose a political party or change parties.

### TO REGISTER TO VOTE IN RI YOU MUST BE:

- A legal resident of Rhode Island.
- A citizen of the United States.
- At least 16 years of age.  
(You must be at least 18 years of age to vote on Election Day.)

### INSTRUCTIONS

**Box 2: REQUIRED.** Rhode Island citizens who are at least 16 years of age may pre-register to vote using this form. If you fail to check either of these boxes, this form will be returned to you. If you checked NO to either of these statements, do not complete this form.

**Box 3:** If you are registering to vote for the first time in Rhode Island by mail or if someone else turns this form in for you, it is **REQUIRED** that you provide your driver's license number or state ID number issued by the RI Department of Motor Vehicles (DMV). If you do not have either, you must provide the last 4 digits of your Social Security Number. If you do not provide the above information or it cannot be verified, you will be required to provide identification to an election official before voting. Acceptable forms of identification are on the Board of Elections website at <http://www.elections.ri.gov> or contact your local Board of Canvassers (see reverse side of this form).

**Box 5:** A person may have only one legal residence. You must register from your legal residence. A post office box or rural route may only be used as a "Mailing Address" in Box 6.

**Box 9:** If you want to affiliate to vote, choose a party. If you leave Box 9 blank, you will be listed as unaffiliated.

**Box 10:** You must SIGN and DATE the registration form. If you fail to sign and date the form, it will be returned to you.

**Box 11:** If you are updating your voter registration because you legally changed your name, enter your previous legal name.

**Box 12:** If you are updating your voter registration because of an address change, enter your previous address, even if out-of-state.

You will receive an acknowledgement receipt of this voter registration form within 3 weeks. If you do not receive it, contact your local Board of Canvassers (see reverse side for list). For questions and deadlines relating to this form, visit the Board of Elections website at <http://www.elections.ri.gov> or contact your local Board of Canvassers (see reverse side for list).

(This form may be reproduced)

<b>1. Check Boxes that Apply:</b> <input type="checkbox"/> New Voter Registration <input type="checkbox"/> Address Change <input type="checkbox"/> Party Change <input type="checkbox"/> Name Change	
<b>2.</b> I am a U.S. Citizen and resident of Rhode Island. <input type="checkbox"/> Yes <input type="checkbox"/> No I am at least 16 years of age. (You must be at least 18 years of age to vote.) <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked NO to either of these statements, do not complete this form.	<b>3.</b> RI driver's license or ID Number: <input type="text"/> If you do not have a RI driver's license or ID, enter last 4 digits of your social security number: <input type="text"/> If you do not enter either number, see instructions for Box 3.
<b>4.</b> Last Name <input type="text"/> Suffix (if any) <input type="text"/> First Name <input type="text"/> Middle Name (or Initial) <input type="text"/>	
<b>5.</b> Home Address (Do not enter a post office box) <input type="text"/> Apt. <input type="text"/> City/Town <input type="text"/> State <input type="text"/> ZIP Code <input type="text"/>	
<b>6.</b> Mailing Address (If different from Box 5) <input type="text"/> Apt. <input type="text"/> City/Town <input type="text"/> State <input type="text"/> ZIP Code <input type="text"/>	
<b>7.</b> Date of Birth (mm/dd/yyyy) <input type="text"/> <b>8.</b> Phone No./ E-mail Address (optional) <input type="text"/>	<b>9.</b> Party Affiliation: <input type="checkbox"/> Democrat <input type="checkbox"/> Moderate <input type="checkbox"/> Republican <input type="checkbox"/> Unaffiliated <input type="checkbox"/> Other <input type="text"/>
<b>10. I swear or affirm that:</b> - I am not incarcerated in a correctional facility upon a felony conviction. - I am not presently judged "mentally incompetent" to vote by a court of law. - The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be fined, imprisoned, or (if not a U.S. citizen) deported from or refused entry into the United States.	<b>Official Use For Barcode</b>
<b>PLEASE SIGN FULL NAME OR PLACE MARK BELOW</b> <input type="text"/>	
<b>Warning:</b> If you sign this form and know it to be false, you can be convicted and fined up to \$5,000 or jailed up to 10 years.	
<b>11. PREVIOUS NAME</b> (if different from Box 4) <input type="text"/>	<b>12. PREVIOUS ADDRESS OF REGISTRATION</b> (City/Town, State, ZIP & County) <input type="text"/>

Are you interested in working at the polls? ☐

Date:  (mm/dd/yyyy)  
Signed

Return Address



Postage  
Required Post  
Office will not  
deliver  
without proper  
postage.

Mail To: **BOARD OF CANVASSERS**

\*\*\*\*\*FOLD HERE & TAPE AT TOP\*\*\*\*\*

### INSTRUCTIONS FOR MAILING THE VOTER REGISTRATION FORM

An applicant who chooses to mail his/her voter registration form shall do so in the following manner:

1. Fold the form at the dotted line and tape the bottom to the top of the form.
2. From the list below, locate the address of the board of canvassers in the city or town in which you are registering to vote and insert that address in the appropriate space beneath "Mail To: BOARD OF CANVASSERS" on the addressed side of the voter registration form. Insert your return address in the space provided.

**NOTICE:** *It is against the law for anyone to interfere with your privacy in registering to vote or in choosing a political party. If you believe someone has interfered with your right to register or not register, or with your privacy in making this decision, or in choosing a political party, you may file a complaint with the State Board of Elections, 50 Branch Avenue, Providence, Rhode Island 02904.*

### LOCAL BOARDS OF CANVASSERS

Barrington Town Hall, 283 County Rd.,  
Barrington, RI 02806

Bristol Town Hall, 10 Court St.,  
Bristol, RI 02809

Burrillville Town Hall, 105 Harrisville  
Main St., Harrisville, RI 02830

Central Falls City Hall, 580 Broad St.,  
Central Falls, RI 02863

Charlestown Town Hall, 4540 S. County  
Trail, Charlestown, RI 02813

Coventry Town Hall, 1670 Flat River  
Rd., Coventry, RI 02816

Cranston City Hall, 869 Park Ave.,  
Cranston, RI 02910

Cumberland Town Hall, 45 Broad St.,  
Cumberland, RI 02864

East Greenwich Town Hall, PO Box 111,  
East Greenwich, RI 02818

East Providence City Hall,  
145 Taunton Ave.,  
East Providence, RI 02914

Exeter Town Hall, 675 Ten Rod Rd.,  
Exeter, RI 02822

Foster Town Hall, 181 Howard Hill Rd.,  
Foster, RI 02825

Glocester Town Hall 1145 Putnam Pike  
PO Drawer B, Glocester, RI 02814

Hopkinton Town Hall, 1 Town House  
Rd., Hopkinton, RI 02833

Jamestown Town Hall, 93 Narragansett  
Ave., Jamestown, RI 02835

Johnston Town Hall, 1385 Hartford  
Ave., Johnston, RI 02919

Lincoln Town Hall, 100 Old River Rd.,  
PO Box 100, Lincoln, RI 02865

Little Compton Town Hall, PO Box 226,  
Little Compton, RI 02837

Middletown Town Hall, 350 East Main  
Rd., Middletown, RI 02842

Narragansett Town Hall, 25 Fifth Ave.,  
Narragansett, RI 02882

New Shoreham Town Hall, PO Drawer,  
220 Block Island, RI 02807

Newport City Hall, 43 Broadway,  
Newport, RI 02840

N. Kingstown Town Hall, 80 Boston  
Neck Rd., North Kingstown, RI 02852

North Providence Town Hall, 2000  
Smith St., North Providence, RI 02911

North Smithfield Municipal Annex, 575  
Smithfield Rd., North Smithfield, RI  
02896

Pawtucket City Hall, 137 Roosevelt  
Ave., Pawtucket, RI 02860

Portsmouth Town Hall, 2200 East Main  
Rd., Portsmouth, RI 02871

Providence City Hall, 25 Dorrance St.,  
Providence, RI 02903

Richmond Town Hall, 5 Richmond  
Townhouse Rd., Wyoming, RI 02898

Scituate Town Hall, PO Box 328, North  
Scituate, RI 02857

Smithfield Town Hall, 64 Farnum Pike,  
Smithfield, RI 02917

S. Kingstown Town Hall, 180 High St.,  
Wakefield, RI 02879

Tiverton Town Hall, 343 Highland Rd.,  
Tiverton, RI 02878

Warren Town Hall, 514 Main St., Warren,  
RI 02885

Warwick City Hall, 3275 Post Rd.,  
Warwick, RI 02886

W. Greenwich Town Hall 280 Victory  
Highway, W. Greenwich, RI 02817

West Warwick Town Hall, 1170 Main St.,  
West Warwick, RI 02893

Westerly Town Hall, 45 Broad St.,  
Westerly, RI 02891

Woonsocket City Hall, P.O. Box B,  
169 Main St., Woonsocket, RI 02895

**Voter Registration Questions May Be Addressed To:**

Rhode Island Board of Elections  
50 Branch Avenue  
Providence, RI 02904  
elections@elections.ri.gov